



GHMC FLOOD RELIEF APPLICATION FORM



Applicant Name*:					
Father Name*:					
Gender*:					
Age*:					
Aadhaar Number*:					
Ration Card Number:					
Mobile Number*:					
Locality Details					
Area*:	<input type="checkbox"/> GHMC <input type="checkbox"/> SCB <input type="checkbox"/> Surrounding Municipality				
Circle No./ULB Name*:					
Locality Type*:	<input type="checkbox"/> Slum <input type="checkbox"/> Basti <input type="checkbox"/> Mohalla <input type="checkbox"/> others				
Locality Name*:					
Door No*:					
Floor*:					
Colony/ Village:					
Pincode*:					
House Type*:	<input type="checkbox"/> Rented <input type="checkbox"/> Owner				
Electricity Meter No*:					
Bank Account Details					
Account Number*:					
Bank Name*:					
Branch*:					
IFSC Code*:					
Flood Damage					
Was Your Area in Flood*:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
From Date*:					
To Date*:					
Did you suffer damage*:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Family Members Details					
S.No	Name	Gender	Age	Aadhaar Number	Mobile No
Declaration :					
<input type="checkbox"/> All above details are correct					
<input type="checkbox"/> Myself or my family members have not received any cash relief of Rs.10,000.					
<input type="checkbox"/> I am liable for action for my wrong details					
<input type="checkbox"/> I am eligible for flood relief as per GO.Rt No.525					
Applicant Signature with Date					